

See the back for instructions. Complete all information.
An incomplete form may delay your reimbursement.



C30001 9-12

Please tape your receipts here. **Do not staple!** If you have additional receipts, tape them on a separate piece of paper.

Receipts must contain the following information:

- Receipts must contain the following information:**

- Date prescription filled
- Name and address of pharmacy
- Doctor name or ID number
- NDC number (drug number)
- Name of drug and strength
- Quantity and days' supply
- Prescription number (Rx number)
- DAW (Dispense As Written)
- Amount paid

Rx #		Date filled		Days' supply	
VALID 11-digit NDC #			Quantity	Price	
Total quantity					
Total charge					

Express Scripts
P.O. Box 14711
Lexington, KY 40512